

SENIOR ALL NIGHT PARTY

Saturday, June 12, 2021 ♦ 11:00 PM – 4:00AM

ADAMS HIGH SCHOOL

**Register
By 5/17/21
Senior Last Day!**

Ticket: \$100

Tickets are non-refundable (refundable if party is cancelled). No tickets are distributed, student's name will appear on a registered list at check-in.

2 Ways to Register for SANP By 5/17/21:

1. Online RCS Payment System – Adams SANP: SIGN online waiver **AND** complete payment. <https://rochesteronline.ce.eleyo.com/course/781/school-event-fees-20-2021/ahs-sanp-senior-all-night-party>
2. **OR** Cash/Check payable to *Rochester Community Schools* (Student Name in memo); attach waiver below. **Return to Main Office(SANP)**

2

Please see your counselor if you need confidential financial assistance

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Masks Required



Food
Ice Cream
Candy Bar

Cool Prizes!
Coffee/Smoothies

Inflatable
Games

Riding Bull
Hypnotist

Airbrush
Tattoos
Psychics

Caricature
Artists
Casino Games

STUDENT PERMISSION & WAIVER FORM

The Senior All Night Party (SANP) will be held at Adams High School, Athletic Entrance Only. The registration fee includes food, games, prizes, and entertainment. Must show Student ID (required) and NO bags/purses allowed. Doors locked at 12am until dismissal at 4am.

I hereby give my permission for my son/daughter: _____ to attend the Adams High School Senior All Night Party on **Saturday, June 12, 2021**. I understand that games, activities, and devices will be available which may pose certain risks to the participants. I hereby assume such risks for the student identified hereon and waive and hold the Rochester Community Schools, the Senior All Night Party Committee and volunteers, and the company and its employees and operators providing the games, activities, and devices, harmless from liability relating to the use of such games, activities and devices. In addition, my student will abide by all health rules and regulations at the event. The RCS Student Code of Conduct will be enforced at the event. **Masks will be worn by all the participants during the entire event and all District and mandatory state or local health protocols will be followed.**

In consideration of being allowed to participate in AHS SANP, the undersigned acknowledges, appreciates and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS AHS SANP, their officers, officials, agents, and/or employees, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (Releasees), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Parent Signature: _____ Email Address: _____

Student Signature: _____

PRINT Emergency Contact (Night of Party): _____ Phone Number: _____

Questions? Contact: Barb Rill (barbrarill@gmail.com) or Melanie Heaphy (heaphy5@comcast.net)

Send signed waiver form and attach payment to SANP - 3200 W. Tienken Rd, Rochester Hills, MI 48306

[Internal Use]: Check# _____ Cash: _____ Online: _____ Waiver (Y/N) _____ Date Recd: _____